## PATENT APPLICATION FEE DETERMINATION RECORD . Effective October 1, 2000

**Application or Docket Number** 

09/918734

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			1/2				ŗ	RATE	FEE		RATE	FEE
FOR 07/31/01			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE				
			1)		•		F			OR		710.00
TOTAL CHARGEABLE CLAIMS			A mir	าบร 20=				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				nus 3 =			ļ	X40=		OR	X80=	
Ma	LTIPLE DEPEN	IDENT CLAIM PI					+135=		ОЯ	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II  (Column 1) 6-13-5 (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH	EST	Column 3)	Г		ADDI-	) 		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVK PAID	DUSLY	PRESENT EXTRA	Ŀ	. RATE X\$ 9=	TIONAL FEE		RATE	TIONAL FEE
	Total	. 14	Minus	8	0		L			OR	X\$18=	
	Independent	· 2.	Minus	ن ٠٠٠	<u> </u>	= -		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
12(05)05 (Column 1) (Column 2) (Column 3)								TOTAL DDIT, FEE		OR	YOTAL ADDIT, FEE	
ľ	(Column 1) (Column 2) (Column 3)							00.1.7 CE				
AMENDMENT B	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 14	Minus	. 1	0	-6		X\$ 9=		OR	X\$18=	
	Independent	<u>  2                                   </u>	Minus	•••	<u> </u>	•0		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ų, ,		
								+135=		OR	+270=	
							AC	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	•	Minus	••		-	Γ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***				X40=			X80=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A=0=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270=	
***If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "30."  ***If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "30."  ***If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					lound	d in the app	ropriale box	in col	umn 1,	